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Fill in this information to identify your case:
United States Bankruptcy Court for the: District of Minnesota
Case number (If known): Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	Timothy First name John Middle name Peters	Renee First name Mary Middle name Peters
	identification to your meeting with the trustee.	Last name Suffix (Sr., Jr., II, III)	Last name Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 2 9 8 1 OR 9 xx - xx	xxx - xx - <u>8</u> <u>8</u> <u>9</u> <u>5</u> OR 9 xx - xx

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Debtor 1 Timothy & Renee Peters Case number (if known) Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	☐ I have not used any business names or EINs.	☑ I have not used any business names or EINs. Zula Juice
	the last 8 years	Business name	Business name
	Include trade names and doing business as names		
	doing business as names	Business name	Business name
		EIN	3 7 - 1 7 3 0 9 2 1
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		4601 Terracewood Drive	
		Number Street	Number Street
		Bloomington MN 55437	
		City State ZIP Code	City State ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)_

Timothy & Renee Peters

Debtor 1

Pa	art 2: Tell the Court Abou	ut Your B	ankruj	otcy Case			
7.	The chapter of the Bankruptcy Code you			a brief description of Form 2010)). Also, go			U.S.C. § 342(b) for Individuals Filing ne appropriate box.
	are choosing to file under	☐ Cha	pter 7				
	under	☐ Cha	pter 11				
		☐ Cha	pter 12				
		Cha	pter 13				
8.	How you will pay the fee	loca your subr with	l court self, yo nitting a pre-p	for more details about may pay with cas your payment on your inted address.	out how you m sh, cashier's c our behalf, you	nay pay. Typicall heck, or money ur attorney may	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check otion, sign and attach the
							ents (Official Form 103A).
		By la less pay	aw, a ju than 1 the fee	idge may, but is not 50% of the official p	required to, volverty line that you choose th	waive your fee, a at applies to you is option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is ir family size and you are unable to nust fill out the Application to Have the with your petition.
9.	Have you filed for	☐ No					
	bankruptcy within the last 8 years?	Yes.	District	Minnesota	When	04/10/2017 MM / DD / YYYY	Case number 17-41028
			District		When		Case number
			District				Case number
			District		When	MM / DD / YYYY	Case number
10.	Are any bankruptcy	☑ No					
	cases pending or being filed by a spouse who is	☐ Yes.	Debtor				Relationship to you
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM/DD/YYYY	Case number, if known
	annate:		Debtor				Relationship to you
			District		When	MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	☑ No. ☐ Yes.	Has you	line 12. our landlord obtained a o. Go to line 12. es. Fill out <i>Initial Stater</i> rt of this bankruptcy p	ment About an I		? t Against You (Form 101A) and file it as

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Case number (if known)_

Timothy & Renee Peters

Debtor 1

	First Name Middle Nam	e	Last Name				
	mar Domont About Amy D		V O	la Duanniatan			
Pa	rt 3: Report About Any E	usiness	ses You Own as a So	le Proprietor			
12.	Are you a sole proprietor	No.	Go to Part 4.				
	of any full- or part-time business?	☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an						
	individual, and is not a separate legal entity such as		Name of business, if any				
	a corporation, partnership, or LLC.		Number Street				
	If you have more than one sole proprietorship, use a		,				
	separate sheet and attach it to this petition.						
	to this petition.		City		State	ZIP Code	
			Check the appropriate be	ox to describe your business:	•		
			☐ Health Care Busines	ss (as defined in 11 U.S.C. §	101(27A))		
			☐ Single Asset Real Es	state (as defined in 11 U.S.C.	§ 101(51B)))	
			☐ Stockbroker (as define	ned in 11 U.S.C. § 101(53A))			
			_	as defined in 11 U.S.C. § 101	(6))		
			☐ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor</i> ? For a definition of <i>small</i> <i>business debtor</i> , see 11 U.S.C. § 101(51D).	can set most reany of the No.	appropriate deadlines. If cent balance sheet, stated nese documents do not extra am not filing under Cha	, the court must know whether you indicate that you are a so ment of operations, cash-flow xist, follow the procedure in 1 apter 11.	nall business statement, a 1 U.S.C. § 1	s debtor, you m and federal ind 116(1)(B).	nust attach your come tax return or if
		☐ Yes.	I am filing under Chapter Bankruptcy Code.	r 11 and I am a small busines	s debtor acc	cording to the d	definition in the
Pa	rt 4: Report if You Own o	or Have	Any Hazardous Prop	erty or Any Property Th	at Needs I	mmediate <i>F</i>	Attention
14.	Do you own or have any	✓ No					
	property that poses or is alleged to pose a threat	☐ Yes.	What is the hazard?				
	of imminent and identifiable hazard to						
	public health or safety?						
	Or do you own any property that needs immediate attention?		If immediate attention is	s needed, why is it needed? _			
	For example, do you own perishable goods, or livestock that must be fed, or a building						
	that needs urgent repairs?		Where is the property?				
				Number Street			
				City		State	ZIP Code

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Debtor 1	Timothy	& Renee	Peters	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About De	ptor	-13	
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You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan. if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to rec	eive	a briefing	about
credit counseling becau	use o	f:	

□ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	abou
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Timothy & Renee Peters Case number (if known)

Pa	nt 6: Answer These Ques	stions for Reporting Purpose	s		
16.	What kind of debts do you have?	16a. Are your debts primaril as "incurred by an individual	y consumer debts? Consumer primarily for a personal, family		
	you nave:	No. Go to line 16b.✓ Yes. Go to line 17.			
		16b. Are your debts primaril money for a business or inve	y business debts? Busine estment or through the operati		
		□ No. Go to line 16c.□ Yes. Go to line 17.			
		16c. State the type of debts you o	owe that are not consumer del	bts or business	debts.
17.	Are you filing under Chapter 7?	✓ No. I am not filing under Cha	apter 7. Go to line 18.		
	Do you estimate that after any exempt property is	Yes. I am filing under Chapter administrative expenses	r 7. Do you estimate that after are paid that funds will be ava		
	excluded and	☐ No			
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes			
18.	How many creditors do	2 1-49	1 ,000-5,000	[2 5,001-50,000
	you estimate that you	50-99	5,001-10,000		50,001-100,000
	owe?	☐ 100-199 ☐ 200-999	10,001-25,000	· ·	☐ More than 100,000
19.	How much do you	\$0-\$50,000	■ \$1,000,001-\$10 million	n [■ \$500,000,001-\$1 billion
	estimate your assets to be worth?	\$50,001-\$100,000	\$10,000,001-\$50 millio		\$1,000,000,001-\$10 billion
	be worth:	△ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$50,000,001-\$100 mill □ \$100,000,001-\$500 mi	_	☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion
20.	How much do you	\$0-\$50,000	□ \$1,000,001-\$10 million	n [■ \$500,000,001-\$1 billion
	estimate your liabilities	\$50,001-\$100,000	□ \$10,000,001-\$50 millio	on [■ \$1,000,000,001-\$10 billion
	to be?	\$100,001-\$500,000	\$50,000,001-\$100 mill		\$10,000,000,001-\$50 billion
Pa	rt 7: Sign Below	□ \$500,001-\$1 million	□ \$100,000,001-\$500 mi	illion (☐ More than \$50 billion
	or you	I have examined this petition, and correct.	d I declare under penalty of pe	erjury that the inf	formation provided is true and
		If I have chosen to file under Cha of title 11, United States Code. I under Chapter 7.			ole, under Chapter 7, 11,12, or 13 apter, and I choose to proceed
		If no attorney represents me and this document, I have obtained an	. , , ,		not an attorney to help me fill out 2(b).
		I request relief in accordance with	n the chapter of title 11, United	d States Code, s	pecified in this petition.
		I understand making a false state with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, ar	t in fines up to \$250,000, or im		ey or property by fraud in connection up to 20 years, or both.
		✗/s/ Timothy John Peter	·s 🗶	/ /s/ Renee I	Mary Peters
		Signature of Debtor 1		Signature of De	
		Executed on 06/10/2018		Executed on C	
		MM / DD /Y	YYY		MM / DD /YYYY

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Debtor 1 IIMOTNY & HEI First Name Middle Nam	nee Peters Last Name	Case number (if know	nn)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petitic to proceed under Chapter 7, 11, 12, or 13 of title 12 available under each chapter for which the person the notice required by 11 U.S.C. § 342(b) and, in a	1, United States Code, is eligible. I also certif	and have explained the relief y that I have delivered to the debtor(s)
If you are not represented by an attorney, you do not	knowledge after an inquiry that the information in the		
need to file this page.	✗/s/ William T. Anderson	Date	06/10/2018
	Signature of Attorney for Debtor		MM / DD /YYYY
	William T. Anderson		
	Printed name		
	Law Office of William T. Anderson		
	Firm name		
	P.O. Box 1179		
	Number Street		
	Chanhassen	MN	55317
	City	State	ZIP Code
	Contact phone (952) 472-0987	Email addr	_{ess} w <u>ill.anderson@wtalaw.com</u>
	0000400	MN	
	0388198	IVIIN	